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Bib Data Sheet

SERIAL NUMBER 09/612,607	FILING DATE 07/07/2000 RULE -	CLASS 257	GROUP ART UNIT 2814	ATTORNEY DOCKET NO. 003771.P001D
APPLICANTS Daniel E Grupp, Stockton, NJ ; ** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 09/296,858 04/22/1999 <i>1.02</i> ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/12/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>DAW</i> Examiner's Signature Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 3
				INDEPENDENT CLAIMS 1
ADDRESS Tarek N Fahmi Blakely Sokoloff Taylor & Zafman LLP 12400 Wilshire Boulevard Seventh Floor Los Angeles ,CA 90025-1026				
TITLE Electrostatically operated tunneling transistor				
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 9241

SERIAL NUMBER 09/612,607	FILING DATE 07/07/2000 RULE	CLASS 438	GROUP ART UNIT 2814	ATTORNEY DOCKET NO. 003771.P001D	
APPLICANTS Daniel E Grupp, Stockton, NJ; ** CONTINUING DATA ***** This application is a DIV of 09/296,858 04/22/1999 PAT 6,198,113 ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/12/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
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